

# Safety Sense

## *SOUTH DAKOTA ARMY NATIONAL GUARD*

### GET HEART SMART- WORK AED WISE

Each year in the work place , thousands of Americans become victims of cardiac arrest. Cardiac Arrest is the stoppage of normal electrical activity of the heart. Many times this results in Ventricular Fibrillation, or an unorganized quivering muscle that does not perfuse the body with oxygenated blood. That will of course lead to death. But there are things we can do to help once this does happen.

Once cardiac arrest occurs, defibrillation is the most important and best opportunity for survival of the patient. It must be delivered as soon as possible, as 10% of success is lost for every minute that passes.

If defibrillation cannot be delivered immediately CPR must be administered until an AED is available or EMS arrives.

If you have taken a CPR/ AED class more than 18 months ago, its time to seek out a renewal class. If you have never had a class , it's time now to get that training.

Finally, know the location of an AED in your work areas. Every National

Guard Facility has an AED placed in an obvious location. Some have more than one. If



you're in a new place, get to know the location. Not sure about using it? Contact the State Safety and Occupational Health Office of the SDARNG.

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After prevention, knowing the steps necessary to perform CPR and AED Administration are the most important factor.

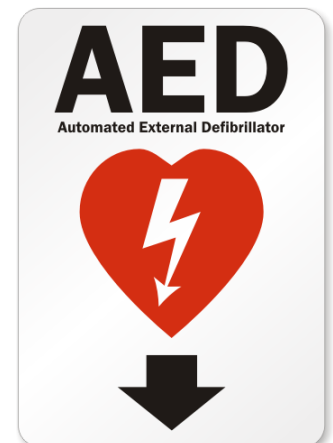
Take a CPR Class in your area. Know the steps in introducing an AED into the situation.

### AED LOCATIONS AND SIGNS

Automated External Defibrillators (AED) are located in a wide variety of locations. They can be located in schools, office buildings, hotels, airports, shopping centers and restaurants. While many are identified with a sign like the one to the right, some are tucked away from public view.

While some, in public places, are linked to an alarm of some sort, other may not be. If the need arises, knowing the location of the nearest AED will save precious moments when it comes to saving a life.

Look for the signs that indicate an AED is stationed in popular , logical and obvious places. If you should happen to need one, specifically ask employees or caretakers if they have an AED on hand.



## POSTURE IS THE KEY FOR A PAIN FREE WORK STATION

The term ergonomics has been tossed around for the past decade or so fairly routinely. The study of ergonomics is fairly in depth and should not be used frivolously. However, for the employee who routinely works in a repetitive position such as at a desk in front of a computer and you suffer from pain, you may be in need of an ergonomic assessment.

As every person is different, "any old set up" may not be right for a person. If you notice headaches, aching/sore wrist and fingers or unusual weakness in your hands, pain in the lower back after work, you and your work station may not be compatible. The answer is not to get rid of the employee, but make the work fit the employee. Sometimes a simple adjustment in the height of the chair or moving the monitor an inch or two makes all the differ-

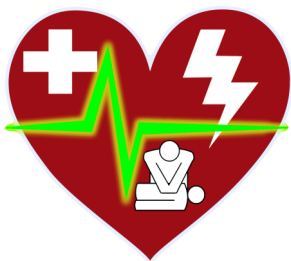
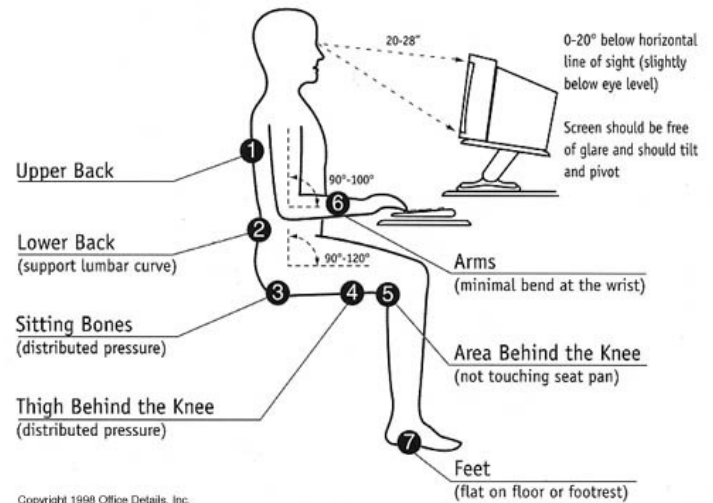
ence in the world.

Other times it may require an overhaul of the work station.

If you are experiencing pain that is either acute or chronic, headaches for unknown reasons that seem to go away after

work, and you feel your work station just doesn't fit you, contact MAJ Starr at the SOH office.

There are some simple tricks, minor adjustments, pieces of furniture or changes in work that can cure your ailments.



As a young volunteer firefighter, I had the chance to roll out on a Cardiac Arrest call one afternoon with the Chief of our agency. We rolled in first and the Chief said, "you need the practice" and pointed to the patient. At that time I had been to classes for CPR but never had the opportunity to perform. When this happened, the standard was five compressions to 1 ventilation. We had two full minutes of CPR before the ambulance rolled in. As the first paramedic approached I began to move back to let them work. He pushed me back down to the patient and told me "just keep going, you're doing fine". They began to set up for "defib" and ACLS (IVs and advanced airways) as I continued to provide compressions. When they shocked for the 4th time, I heard someone say, "wait a second, that looks like a rhythm". After checking the carotid pulse and found one, they performed a "load and go" and whisked the patient away. That was the first "save" I was involved with in my EMS career. Fast forward a couple of decades: it seems I have performed CPR for countless hours, and seen more discouraging days than uplifting ones. But the good days, when you look back, are much more meaningful than the bad. I have performed CPR on perfect strangers and good, dear friends. After being involved in over 250 cases where CPR was required, I can tell you this: training will get you through this call, friends will get you to the next call. Talk about what just happened; good and bad. You will find each situation different. Some tragic, some humorous, some sad and some triumphant; each a learning offering. For the regular person, you need to understand this: if you are put in the situation to provide CPR, more than likely it will be a coworker, family member or friend. With that in mind, you will want to give the best opportunity to that person, and the way to do that is being prepared. Take a class in CPR, First Aid and AED. Know how and when, and be ready, it can happen when you least expect it.